PTAX-340 2023 Low-Income Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

ast (date to apply:			
art 1	1: Applicant information (Please type or print.)			
I		3		
First	name MI Last name	Tax ID number		
!		_ 4/	_/	
Maili	ng address	Date of birth (month, day	, year)	
City	State ZIP	5 () - Area code and phone nu	mber Email addr	
City	State ZIF	Area code and priorie no	mber Email addi	
art 2	2: Property information			
Stree	et address of property for which this exemption application is filed	Township		
0''	IL	0		
City	ZIP	County		
Pron	perty (parcel) index number (PIN)			
	e: The PIN is shown on your property tax bill. You also may ob	tain it from your chief cour	nty assessment	officer
	CAO). If you cannot obtain the PIN, attach a copy of the legal de			
Hav	ve you or your spouse received this exemption for this property	previously?	Yes _	No
If y	ou answered "Yes", write the base year, if known.			
l If yo	our spouse maintains a separate residence, has he or she appl	ied for this exemption?	Yes _	No
Rai Civi Anr	cial Security and SSI benefits. Include Medicare deductions in the Iroad Retirement benefits. Include Medicare deductions in this il Service benefits nuities, federally taxable pensions and retirement plan distributionan Services and other governmental cash public assistance be	ons.	235	
Wa	ges, salaries, and tips from work		6	
Inte	erest and dividends received		7	
Net	rental, farm, and business income or (loss). (See instructions	for Line 8.)	8	
Net	capital gain or (loss). (See instructions for Line 9.)			
0 Oth	ner income or (loss). (See instructions for Line 10.)		10	
1 Add	d Lines 1 through 10.		11	
	rtain subtractions. You may subtract only the reported adjustme 3. 1040, Schedule 1, Line 26.			
	Subtraction item	Amount		
12:	a			
12	bd the amounts on Lines 12a and 12b, and write the result.		12	. 1
	otract Line 12 from Line 11, and write the result. This is your tot			
for	2022. If the amount is greater than \$65,000, STOP . You do no	t qualify for this exemption.	13	
	Do not write in this	space.		
Appli Base	received	Income verified Base year EAV Revised base year EAV EAV of added improvement	\$ \$	esNo
Appr	sed base year oved Yes No	Base amount	\$\$	
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